

# 40-MM GRENADE LAUNCHER SCORECARD

For use of this form, see FM 3-22.31; the proponent agency is TRADOC.

|                                   |                          |   |                           |                          |                          |   |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
|-----------------------------------|--------------------------|---|---------------------------|--------------------------|--------------------------|---|--|---------------------|--|---------------------------|--------|--|---------|--------|--------------------------|---------|-------------|--------------------------|---------|--------------|--------------------------|--------|-------------|--------------------------|
| 1. ID CODE *                      |                          |   |                           |                          |                          | 2. UNIT   |  | 3. DATE (YYYYMMDD)  |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
| 4. ZERO LEAF SIGHT                |                          | DEFILADE  |                           | ELEVATION                |                          | 5. ZERO QUADRANT SIGHT  |  | ELEVATION           |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
| 6. RECORD FIRE                    |                          | TASK NO.  | TIME (MIN)                | TGT                      | HIT                      | 8. RATING SCALE   |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
| DAY                               | 1                        | 2   | 1                         | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <tr> <td>TOTAL POINTS<br/>(Block 7)</td> <td colspan="2">RATING</td> </tr> <tr> <td>80 - 90</td> <td>EXPERT</td> <td><input type="checkbox"/></td> </tr> <tr> <td>70 - 75</td> <td>FIRST CLASS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>60 - 65</td> <td>SECOND CLASS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>0 - 55</td> <td>UNQUALIFIED</td> <td><input type="checkbox"/></td> </tr> </table> |  |                     |  | TOTAL POINTS<br>(Block 7) | RATING |  | 80 - 90 | EXPERT | <input type="checkbox"/> | 70 - 75 | FIRST CLASS | <input type="checkbox"/> | 60 - 65 | SECOND CLASS | <input type="checkbox"/> | 0 - 55 | UNQUALIFIED | <input type="checkbox"/> |
|                                   |                          |   | TOTAL POINTS<br>(Block 7) | RATING                   |                          |   |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
|                                   | 80 - 90                  | EXPERT  | <input type="checkbox"/>  |                          |                          |   |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
|                                   | 70 - 75                  | FIRST CLASS                                       | <input type="checkbox"/>  |                          |                          |   |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
| 60 - 65                           | SECOND CLASS             | <input type="checkbox"/>                          |                           |                          |                          |   |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
| 0 - 55                            | UNQUALIFIED              | <input type="checkbox"/>                          |                           |                          |                          |   |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
| 2                                 | <input type="checkbox"/> | <input type="checkbox"/>                          |                           |                          |                          |   |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
| 2                                 | 1                        | <input type="checkbox"/>                          | <input type="checkbox"/>  |                          |                          |   |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
|                                   | 2                        | <input type="checkbox"/>                          | <input type="checkbox"/>  |                          |                          |   |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
| 3                                 | 2                        | 1   | <input type="checkbox"/>  | <input type="checkbox"/> |                          |   |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
|                                   |                          | 2   | <input type="checkbox"/>  | <input type="checkbox"/> |                          |   |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
| CBRN                              | 4                        | 2   | 1                         | <input type="checkbox"/> | <input type="checkbox"/> | 9. GRADER'S INITIALS  |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
|                                   | 5                        | 2   | 1                         | <input type="checkbox"/> | <input type="checkbox"/> |   |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
| NIGHT                             | 6                        | 2   | 1                         | <input type="checkbox"/> | <input type="checkbox"/> | 10. DATE (YYYYMMDD)   |  |                     |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |
| * Do not use personal information |                          | 7. TOTAL POINTS<br>(Award 10 points for each hit) |                           |                          |                          | 11. OIC'S INITIALS  |  | 12. DATE (YYYYMMDD) |  |                           |        |  |         |        |                          |         |             |                          |         |              |                          |        |             |                          |